

CARC and RARC CHANGE LOG

The following changes were incorporated into the MassHealth CARC/RARC list dated 01/01/20

EOB CODE	EOB CODE DESCRIPTION	UPDATE(S) MADE TO ASSIGNMENT	ADJUST MENT REASON CODE	ADJUSTMENT REASON CODE DESCRIPTION	REMARK CODE	REMARK CODE DESCRIPTION	NEW ADJUST MENT REASON CODE	NEW ADJUSTMENT REASON CODE DESCRIPTION	NEW REMARK CODE	NEW REMARK CODE DESCRIPTION
2020	TREATMENT NOT ALLOWED FOR LIMITED BENEFIT PLAN	EXISITNG EDIT NEWLY ADDED TO LIST.	204	THIS SERVICE/EQUIPMENT/DRUG IS NOT COVERED UNDER THE PATIENT'S CURRENT BENEFIT PLAN.	N130	CONSULT PLAN BENEFIT DOCUMENTS/GUIDELINES FOR INFORMATION ABOUT RESTRICTIONS FOR THIS SERVICE.	N/A	N/A	N/A	N/A